

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I wish to enroll in Sunrise Community Church's Electronic Fund Transfer (EFT) and authorize Sunrise Community Church to initiate debit entries in the amount shown below from my checking account on the designated date(s). I understand that I may modify or cancel the EFT in writing at any time, allowing Sunrise Community Church and my financial institution reasonable opportunity to act on my instructions. (Please complete information below and print to sign)

Name _____ Telephone _____
Street Address _____ City /Zip _____
E-mail _____

New EFT Request **Date to be effective** _____

Change my Request \$ _____ **General Fund**
 \$ _____ **Facilities**
 \$ _____ **Benevolent**
 \$ _____ **Mission (note if specific)** _____
 \$ _____ **Other (specify)** _____

Please deduct \$ _____ (TOTAL AMOUNT) from my bank account for my tithe.

Frequency: BiMonthly (5th AND 20th of each month)
 Monthly (5th OR 20th of each month (**check one**)

Additional Notes: _____

For new EFT requests, please include the following information:

Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____
Type of Account: Checking Savings (Check one)

Please carefully review your bank information.

Signed _____ Date _____

Signed _____ Date _____

(Both signatures are required for joint account.)

Place this form in the offering bag or mail to:

**Sunrise Community Church
8321 Greenback Lane
Fair Oaks, CA 95628**